

AREA COMMISSION APPOINTMENT FORM

The Department of Neighborhoods maintains the database for the Area Commission members in the City of Columbus. The information on this form is used to process the Mayor's appointment and ensure timely and accurate distribution of meeting notices, training opportunities, and other City activities. Please complete all sections of the form with information about your recently elected/appointed commissioner within seven (7) days of the election/appointment. After completing and signing this form, please return it, along with the appointees resume and/or biography to your Neighborhood Liaison via email. Please contact your Neighborhood Liaison with any questions or comments.

Please Type		
Area Commission Name	Milo-Corogan	
Please check appropriate box	New appointment Reappointment	Are there changes to this information? Yes No No
First Name Shakon		
Last Name Tanyhill		
Title (i.e. officer / commissioner)	Commissioner	
Address 839 heana air		
City Columbus		
State Ohio		
Zip Code 43201	:	
(14-291-9434 Home Telephone		
Work Telephone	614-214-1193	
Email Address	SYMY Two sayahor.co	m
District/Designation	milo Gragan	
Term Start Date	11/01/2018	
Term Expiration	09/01/2020	
Seat Succession	0110	

ALL SECTIONS OF THIS FORM MUST BE COMPLETED

Area Commission Chair Signature